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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10664519 | <b>Applicant(s)/Patent Under Reexamination</b><br>DAROUICHE ET AL. |
|   | <b>Examiner</b><br>JOHN F RAMIREZ          | <b>Art Unit</b><br>3737  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 604                       |  | 22       |  |  |  | A                            | E | 1 | B | 17 / 20 (2008.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 600                       | 499                                      | 466      |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 604                       | 22                                       | 264      |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 128                       | 207.14                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|  |                       |                                   |                            |
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| /JOHN F RAMIREZ/<br><br>(Assistant Examiner) | 7/21/08<br><br>(Date) | <b>Total Claims Allowed:</b><br>9 |                            |
| /Brian L. Casler/<br><br>(Primary Examiner)  | 9/15/08<br><br>(Date) | O.G. Print Claim(s)<br>1          | O.G. Print Figure<br>1 - 2 |